Request for Innocent Spouse Relief and Separation of Liability and Equitable Relief

Do not file with your tax return.

Send this form to: Arizona Department of Revenue, PO Box 29081, Phoenix AZ 85038-9081

But if you are meeting with a department employee or you received a department notice of deficiency, see page 1 of the instructions.

		J .	1 3		
Your name			Your social security number		
You	ur current address	I		Apt. No.	
City, town or post office, state, ZIP code.			Daytime phone no. (optional)		
	Before you begin, you need to understand the following terms. See instructions for d	escriptions.			
	Separation of Liability Innocent Spouse Relief Understatement of Tax NOTE: The department can help you with your request. If you are working with a department employee, you can ask that employee, or you can call (602) 255-3381, or (800) 352-4090 nationwide toll free.				
1	Enter the year(s) for which you are requesting relief from liability of tax (see instructions	s)	1 _		
2	Information about your spouse (or former spouse) to whom you were married at the end of the year(s) on line 1.				
	Name		Social security no	umber 	
	Current address			Apt. No.	
	City, town or post office, state, ZIP code.		Daytime phone	no. (if known)	
4	If you have an understatement of tax, you may request Separation of Liability. You may be relieved of liability for your spouse's (or former spouse's) part of the liability. However, this relief is available only if you and your spouse (or former spouse): • Are no longer married, or • Are legally separated, or • Have lived apart at all times during the 12-month period prior to the date you file this form. If one of the above conditions apply, attach a statement as explained on page 2 of the instructions and check here				
5	If you have an underpayment of tax , or you do not qualify for relief under 3 or 4 above, we will automatically consider whether you qualify for Equitable Relief . Attach a statement as explained on page 3 of the instructions and check here				
an	nder penalties of perjury, I declare that I have examined this form and any accompanying belief, they are true, correct, and complete. Declaration of preparer (other than tax nowledge.				
C!~	Your Signature	Date			
Sig Her					
	Preparer's Signature	Date	Prep	arer's TIN	
Pai	Firm's name (or yours if self-employed) and address	EIN			
	eparer's				
US	e Only	ZIP code	ZIP code		